

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPEN CLAI FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO. <b>10/577376</b> APPLICANT(S)	FILING DATE						
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	1							51					
2		1						52					
3		2						53					
4		2						54					
5		2						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11		2						61					
12		1						62					
13		1						63					
14		1						64					
15		1						65					
16		1						66					
17		X						67					
18		X						68					
19		1						69					
20	1							70					
21	=	=						71					
22		1						72					
23		1						73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
<b>TOTAL IND.</b>	2	↓		↓		↓							
<b>TOTAL DEP.</b>	22	←		←		←							
<b>TOTAL CLAIMS</b>	24												